

Case Number:	CM15-0172844		
Date Assigned:	09/15/2015	Date of Injury:	03/07/2009
Decision Date:	10/21/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression and anxiety reportedly associated with an industrial injury of March 7, 2009. In a Utilization Review report dated September 12, 2015, the claims administrator failed to approve a request for 6 sessions of psychotherapy. The claims administrator contended that the applicant had already attended 28 sessions of the same and contended that the applicant should be independent in terms of coping activities. A July 28, 2015 office visit and an associated August 26, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar spine surgery. The applicant also reported derivative complaints of depression and anxiety. The note was difficult to follow as it mingled historical issues with current issues. The attending provider did suggest that the applicant was working on a part-time basis at a rate of 24 hours a week with lifting limitations in place. On an RFA form dated August 26, 2015, 6 additional sessions of psychotherapy were sought. On July 28, 2015, the applicant reported ongoing complaints of chronic low back pain, depression, anxiety, and mood disturbance. The applicant had had 28 sessions of cognitive behavioral therapy to date. The note was quite difficult to follow as it mingled historical issues with current issues. The applicant's medication list reportedly included Percocet, oxycodone, Voltaren, extended-release Wellbutrin, Phenergan, BuSpar, Elavil, lactulose, and Provigil, it was reported. The applicant was apparently working on a part-time

basis, it was reported, while admittedly calling in sick from time to time owing to flares of depression and/or anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Psychotherapy sessions (depression, anxiety) 1x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Failure.

Decision rationale: No, the request for 6 additional sessions of psychotherapy was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 398 does acknowledge that issues regarding work stress and person-job stress may be handled effectively with talk therapy through a psychologist, the MTUS Guideline in ACOEM Chapter 15, page 398 qualifies its position by noting that applicants with more serious conditions may need a referral to a psychiatrist for medicine therapy. Here, the applicant's mental health issues, by all accounts, were more serious issues, it was suggested on July 28, 2015. The applicant had ongoing issues with depression, anxiety, and insomnia requiring usage of multiple psychotropic medications to include Elavil, Wellbutrin, BuSpar, and Provigil. As suggested in the MTUS Guideline in ACOEM Chapter 15, page 398, the applicant's mental health issues were likely best-addressed through a psychiatrist as opposed to via further psychotherapy as the MTUS Guideline in ACOEM Chapter 15, page 405 notes that an applicant's failure to improve may be due to incorrect diagnosis, unrecognized medical or psychologic conditions, or unrecognized psychosocial stressors. Here, all evidence on file suggested that the applicant had plateaued following receipt of the 28 prior sessions of psychotherapy. The applicant remained dependent on 3-4 different psychotropic medications. Permanent work restrictions were renewed, unchanged, from visit to visit, on July 28, 2015. The applicant was apparently unable to work more than 24 hours a week owing to various mental and chronic pain complaints. All of the foregoing, taken together, suggested that the applicant had plateaued in terms of the functional improvement measures established in MTUS 9792.20e following receipt of 28 prior sessions of psychotherapy. Therefore, the request for 6 additional sessions of psychotherapy was not medically necessary.